

Name  
in  
Full

William James Andrews

CERTIFICATE OF DEATH

Died at <u>Eldorado</u> <sup>Town</sup>		<u>Hoodstock</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>7</u> <sup>Month</sup> <u>June</u> <sup>Day</sup>	<u>30</u> <sup>Day</sup>	Age <u>65</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Maryland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Jane Kellist</u>				
Father's Name <u>David Andrews</u>	Father's Birthplace <u>MD</u>		Mother's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Furness Andrews</u>	Name of person giving information <u>Mary J. Andrews</u>		How related to deceased <u>wife</u>		

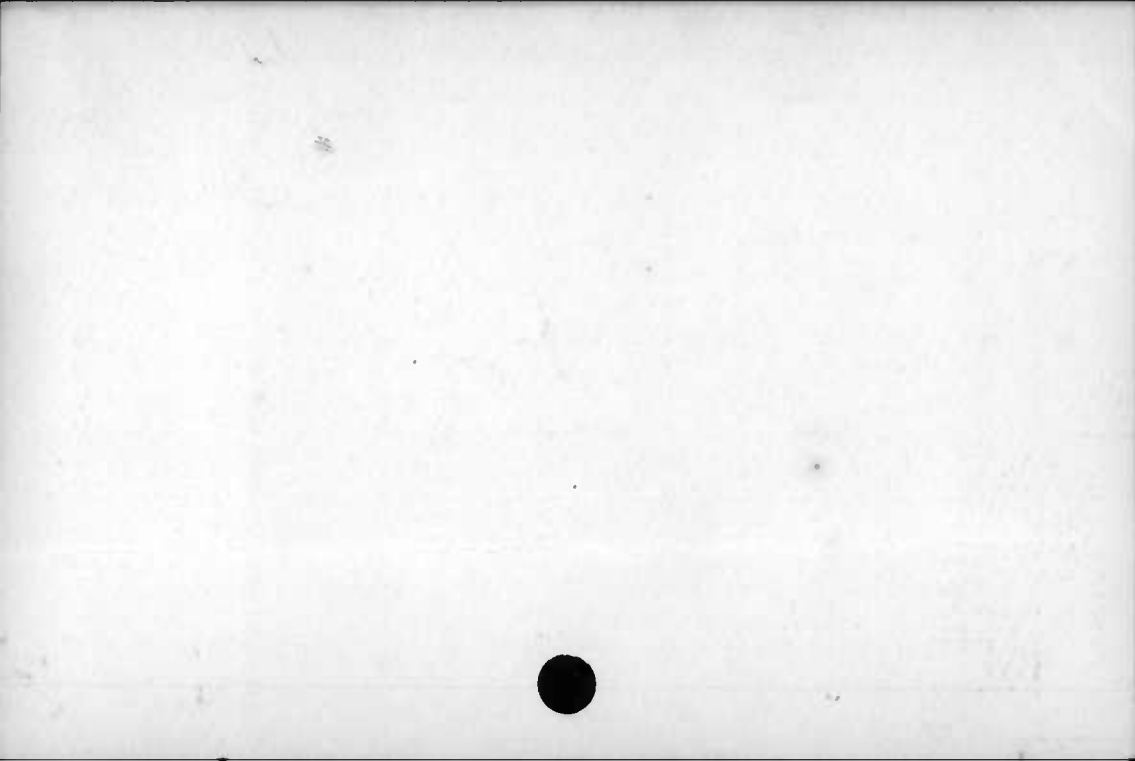
CAUSES OF DEATH

79

Primary	<u>Valvular disease, heart</u>	How long	<u>2 months</u>
Immediate	<u>Chronic Nephritis</u>	How long	<u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>O. C. Maguire</u>	
		Address <u>Hoodstock MD</u>	
Accident or Suicide? <u>  </u>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

*Jarvis Bridges*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Wichita</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>25</i>	Age <i>71</i>	Months <i>0</i> Days <i>0</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Wilkes Barre, Pa.</i>	
Where Residing if not at place of death			<i>Wichita, Kan.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Samuel Bridges</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Not known</i>			Mother's Birthplace	<i>Don't know</i>
Name of person giving information	<i>Thos. B. Bridges</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>hypertension</i>	How long	<i>14 yrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. Mace</i>	
Address		<i>Cambridge, Mo.</i>	
Accident or Suicide?			



Name  
in  
Full

Benjamin M Carmine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

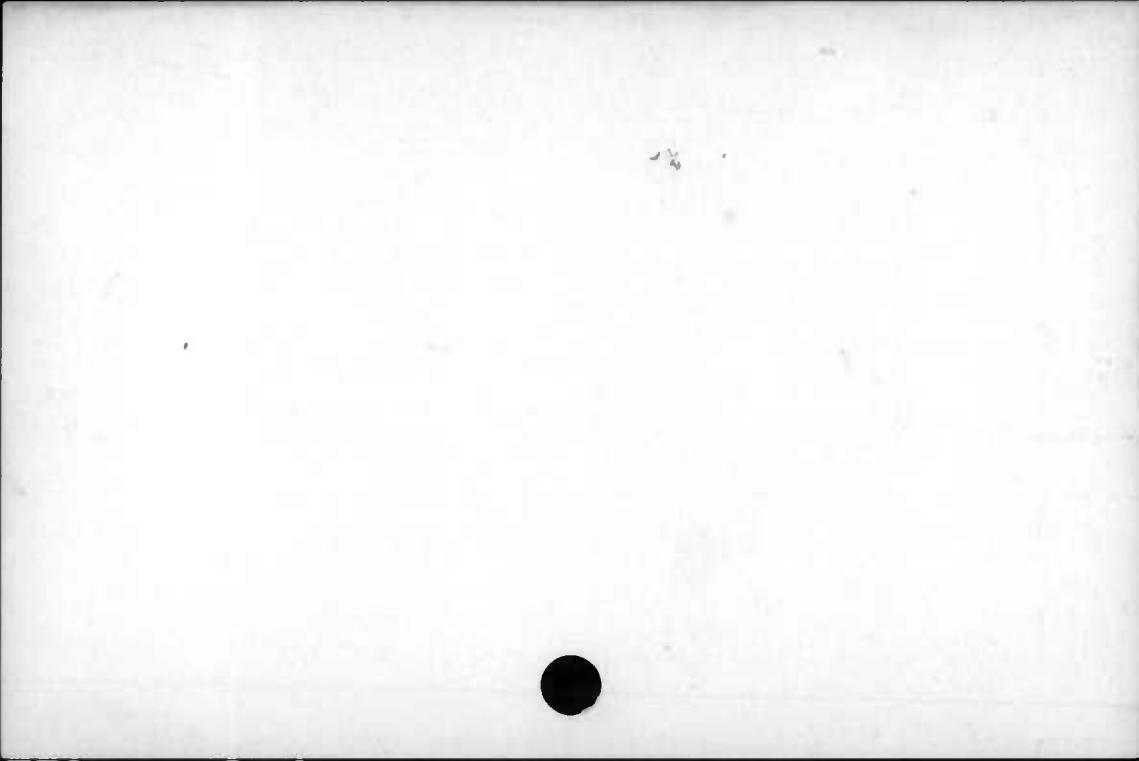
Died at		Town		County		State	
Cambridge		Dorchester		Essex		MASSACHUSETTS	
Date of death		Month	Day	Age	Years	Months	Days
1907		June	26	61			
Sex		Color or Race		Birth-place			
Male		White		Cambridge			
Occupation				Where Residing if not at place of death			
Miller				Cambridge			
Married, Single or Widowed				Name of Wife or Husband			
				Husband			
Father's Name				Father's Birthplace			
Josiah S Carmine				Essex Co			
Mother's Maiden Name				Mother's Birthplace			
Rosie West							
Name of person giving information				How related to deceased			
Mrs Carmine				Wife			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		How long	
Valvular heart disease		Some years	
Immediate		How long	
Progressive heart failure		6 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Hurst	
		Address	
		Cambridge Md	
Accident or Suicide?			



Name  
in  
Full

Emily Frances Cook

## CERTIFICATE OF DEATH

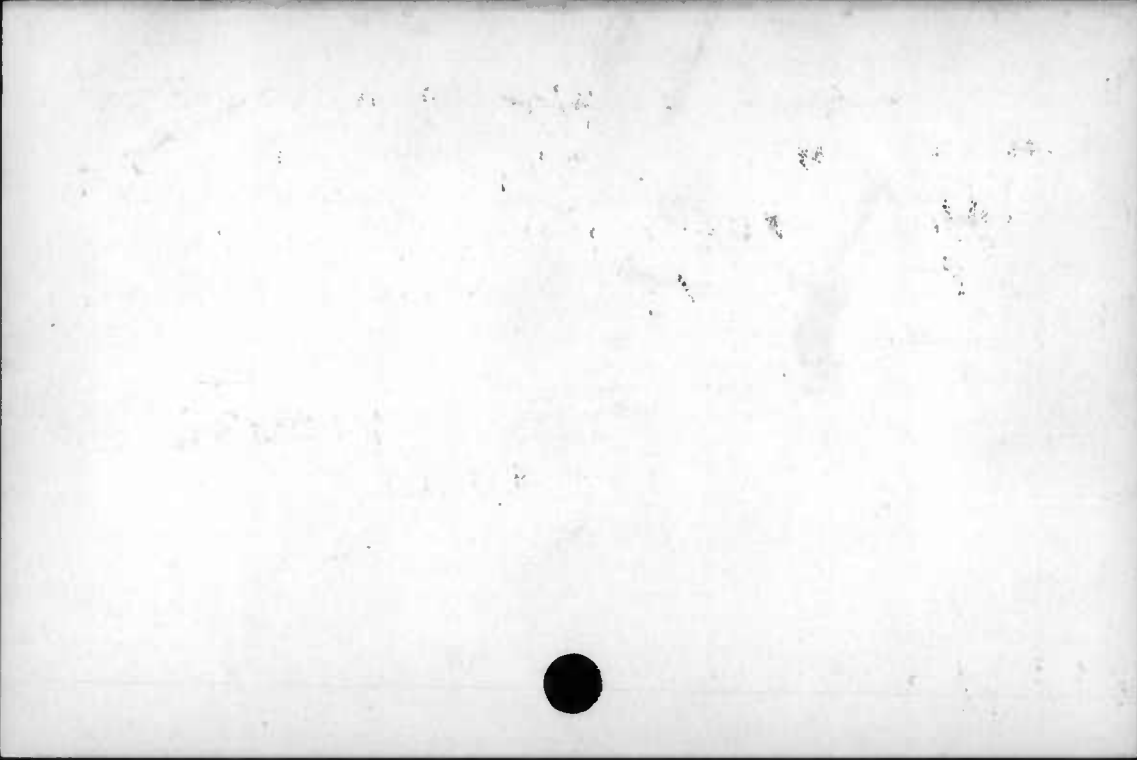
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Dorchester		MARYLAND	
Date of death	1907	Month	June	Day	29
Age	<del>34</del>	Years		Months	4
				Days	3
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Child -		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James Wilbur Cook				Father's Birthplace
Mother's Maiden Name	Roxie Jones				Mother's Birthplace
Name of person giving information	James H. Cook				How related to deceased
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Enteric Colitis	(105)	How long	3 days.
Immediate	Heart failure		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. E. Wolff	
			Address	
			Cambridge, Md	
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

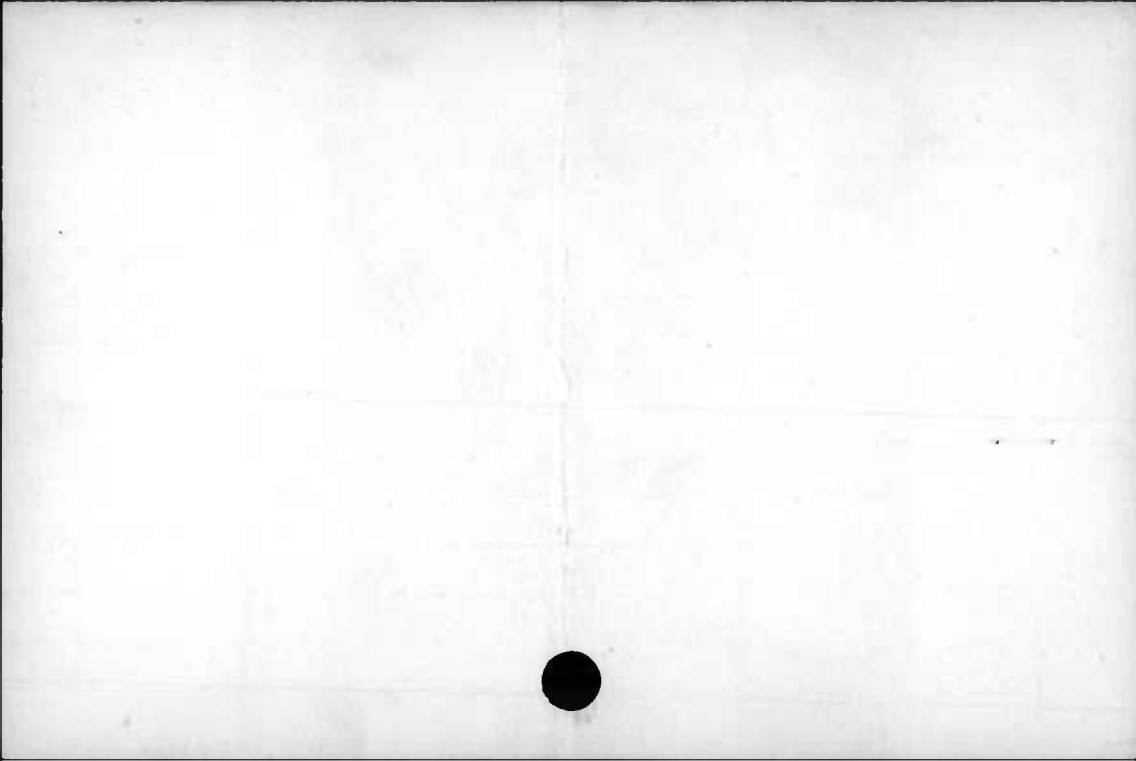
Name in Full <i>Millie Cornish</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Weymouth</i>		Town <i>Weymouth</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>6</i>	Day <i>8</i>	Age <i>80</i>	Years <i>80</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Dorchester</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jasper Cornish</i>			
Father's Name <i>Demard Frierder</i>		Father's Birthplace <i>Dorchester</i>			
Mother's Maiden Name <i>Noellie Vash</i>		Mother's Birthplace <i>Dorchester</i>			
Name of person giving information <i>Steven B. Camper</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Hypertrophy &amp; Arteriosclerosis</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion.</i>	How long <i>Short.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>E. E. Wolff.</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name  
in  
Full

William T. Dunn

## CERTIFICATE OF DEATH

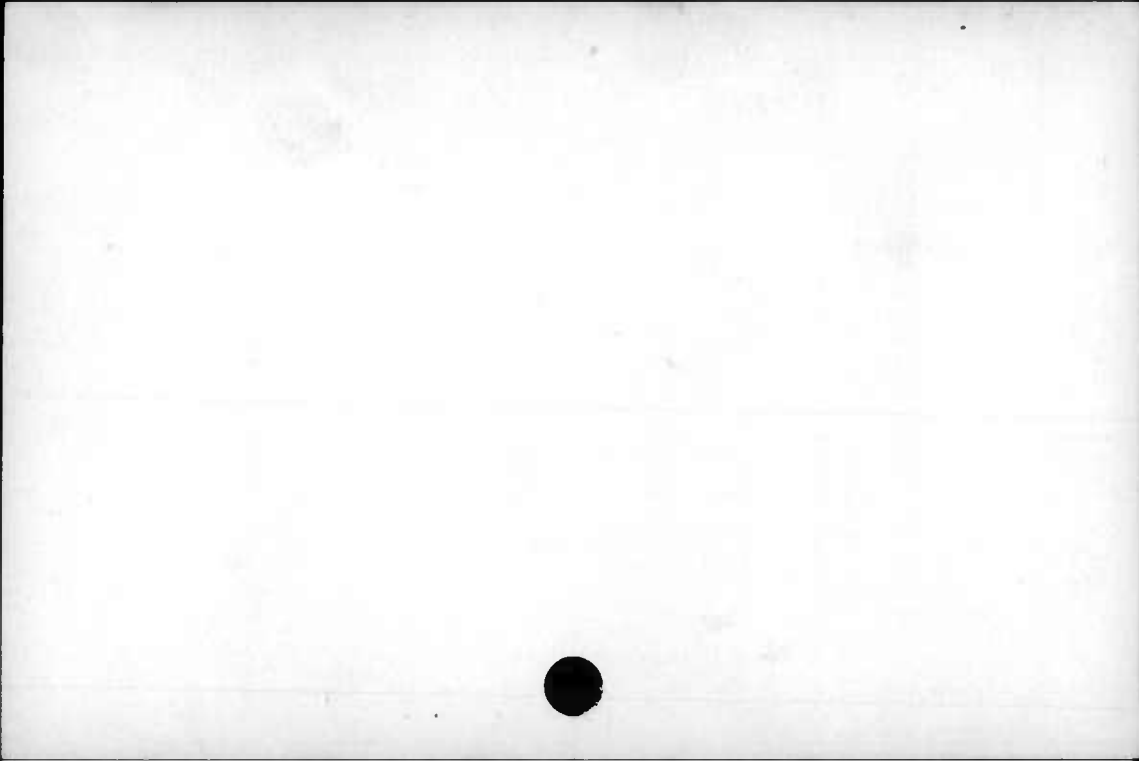
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cambridge		Dorchester		Co MARYLAND	
Date of death		1907	June	28	Age	1	14
Sex		Male		Color or Race		White	
Occupation		Baby		Where Residing if not at place of death		Cambridge	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		William H. Dunn		Father's Birthplace		Calvert Co	
Mother's Maiden Name		Nettie B. Whipple		Mother's Birthplace		Dorchester	
Name of person giving information		Nettie B. Dunn		How related to deceased		Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pediatrics	(151)	How long	1 month -
Immediate	Exhaustion		How long	Several days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. E. Wolff	
			Address	
			Cambridge, Md.	
Accident or Suicide?				



Name  
in  
Full

Green

CERTIFICATE OF DEATH

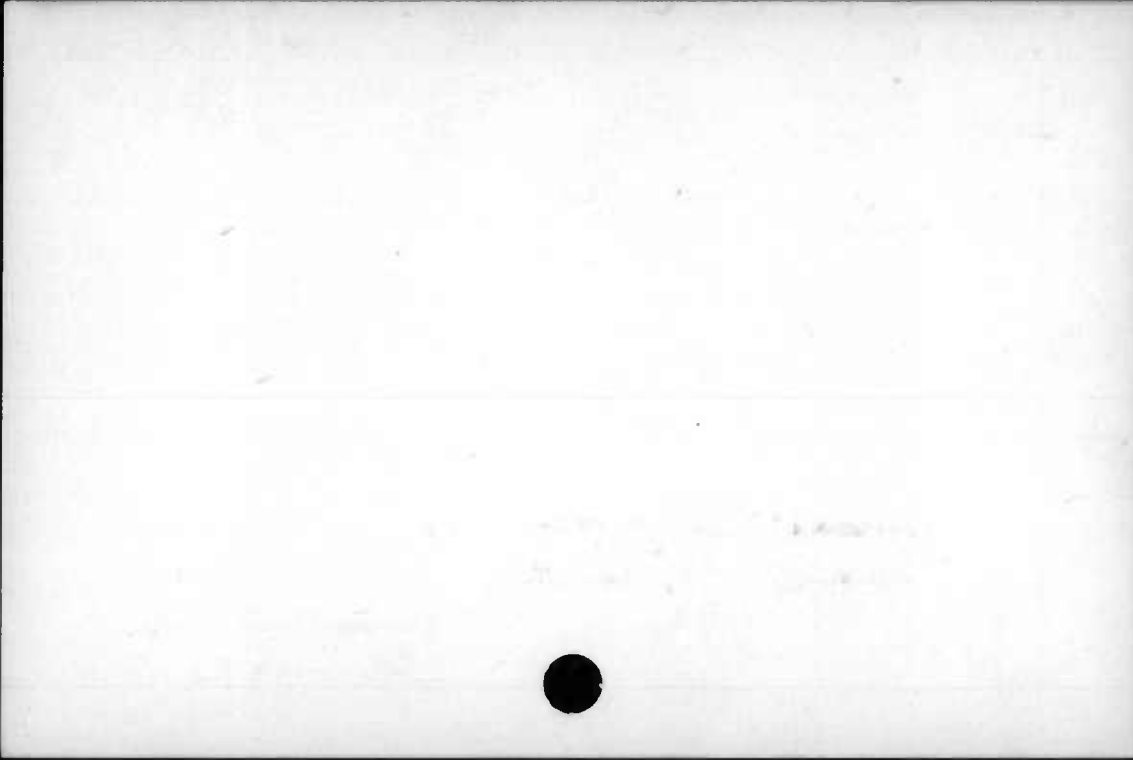
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>29</u>	Age <u>2</u> Years	Months <u>2</u> Days <u>-</u>
Sex	<u>Male</u>		Color or Race	<u>colored</u>	
Birth-place	<u>Dr. C. and</u>				
Occupation	<u>none</u>		Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed	<u>single</u>		Name of Wife or Husband <u>-</u>		
Father's Name	<u><del>Thos. V. Green</del> Unknown</u>			Father's Birthplace	<u>Dr. C. and</u>
Mother's Maiden Name	<u>Virgie Green</u>			Mother's Birthplace	<u>Dr. C. and</u>
Name of person giving information	<u>Thos. V. Green</u>			How related to deceased	<u>Grand Father</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u>	(151)	How long	<u>all of life</u>
Immediate	<u>Exhaustion shed fall</u>		How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>Gay Stille Thalhoffer</u>	
			Address <u>Cambridge Md</u>	
Accident or Suicide?			<u>no physician in attendance</u>	



Name  
in  
Full

Mary L. Norrman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

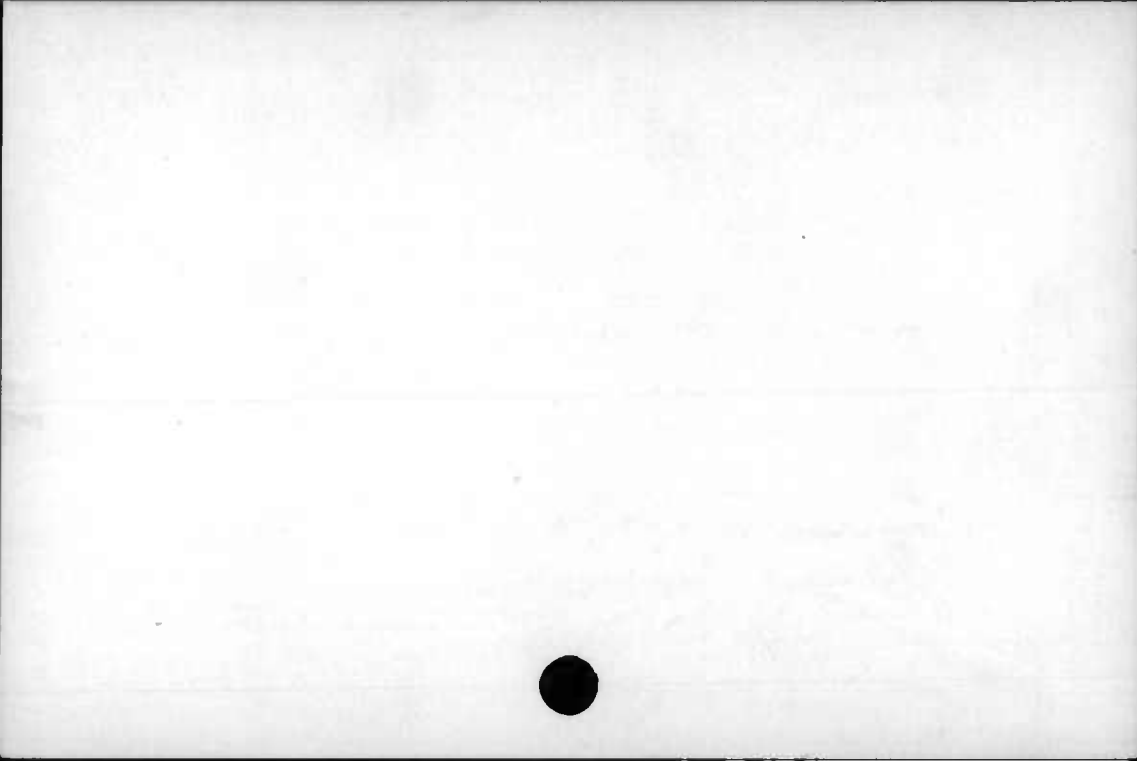
Died at		Town Hambrooks		County Dorchester		MARYLAND	
Date of death		1907	Month June	Day 20	Age 5-9	Years 8	Months —
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housewife		Where Residing if not at place of death Hambrooks					
Married, Single or Widowed Married		Name of Wife or Husband James Norrman					
Father's, Name <del>John A. Norrman</del>		Father's Birthplace Maryland					
Mother's Maiden Name Mary A. Hughes		Mother's Birthplace "					
Name of person giving in formation James Norrman		How related to deceased Husband					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular heart disease	How long	Am from
Immediate	Gradual asphyxiation	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. S. Stebbins	
		Address Cambridge Md.	
Accident or Suicide?			





Name  
in  
Full

*Hughes*

CERTIFICATE OF DEATH

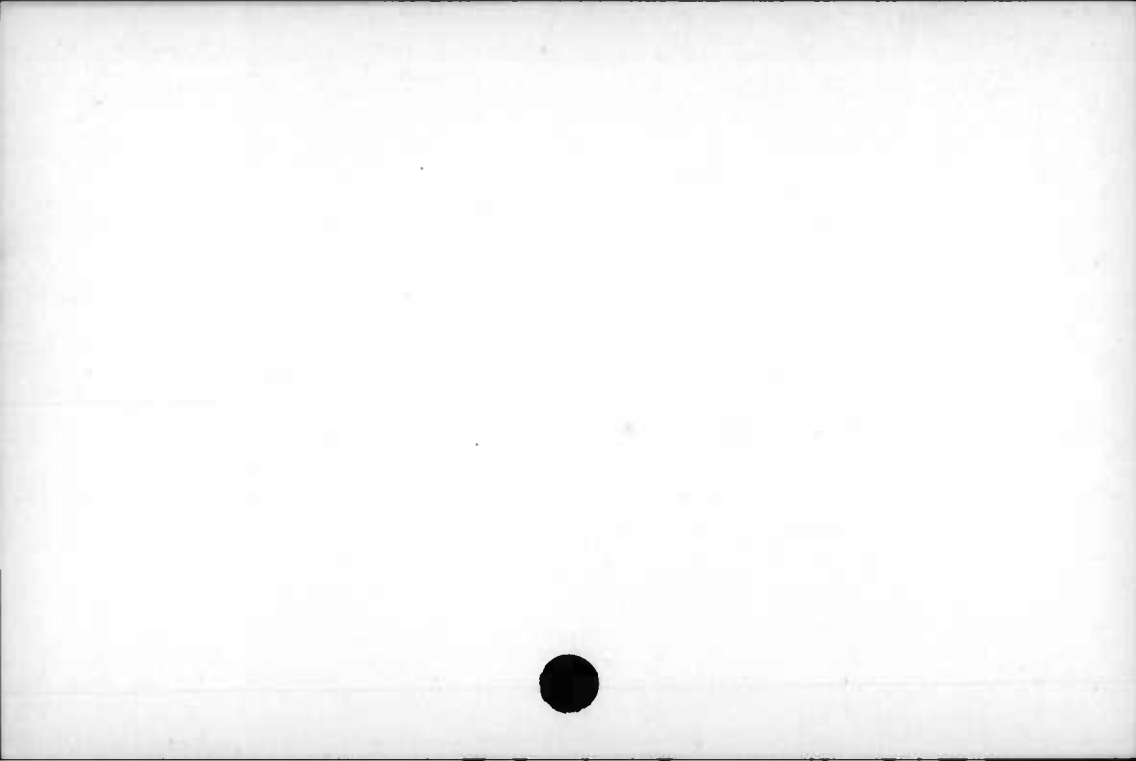
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>7</i>	Age	Months	Days <i>14 hours</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>child</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Percy A. Hughes</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Evelyn Moore</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Evelyn Moore</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accouchement Forcé</i>	How long <i>(151)</i>
Immediate <i>Heart Failure</i>	How long <i>very short.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Waetz M. D.</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Walter G. Hyenson  
 Died at <sup>Town</sup> Cambridge <sup>County</sup> Washington MARYLAND

Date of death 1907 <sup>Month</sup> June <sup>Day</sup> 12 <sup>Age</sup> 33 <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Va

Occupation R. R. Watchman <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Sallie V. Hyenson

Father's Name Henry Hyenson <sup>Father's Birthplace</sup> Va

Mother's Maiden Name Jennie Robinson <sup>Mother's Birthplace</sup> Va

Name of person giving information Sallie V. Hyenson <sup>How related to deceased</sup> wife

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

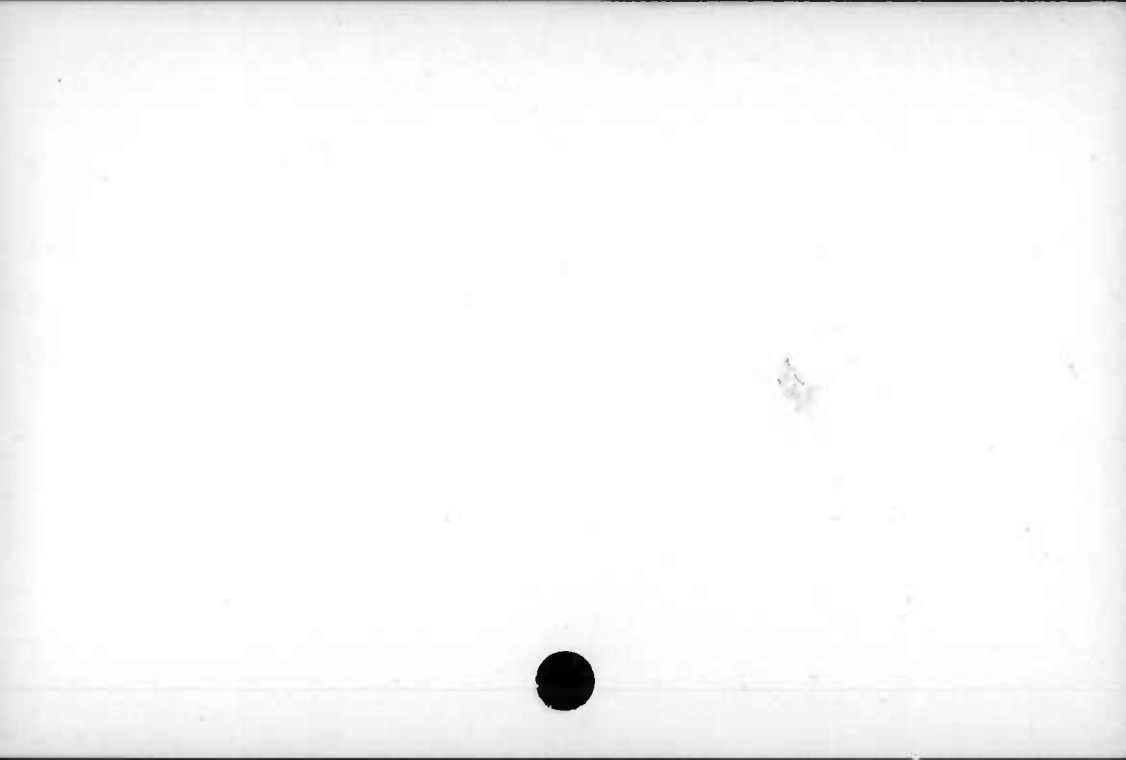
Primary Pulmon. Tuberculosis <sup>How long</sup> 1 year

Immediate Gradual exhaustion <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Guy Steele M.D.  
 Address Cambridge Md.

Accident or Suicide?



Name  
is  
Full

Eva Viola Jackson

## CERTIFICATE OF DEATH

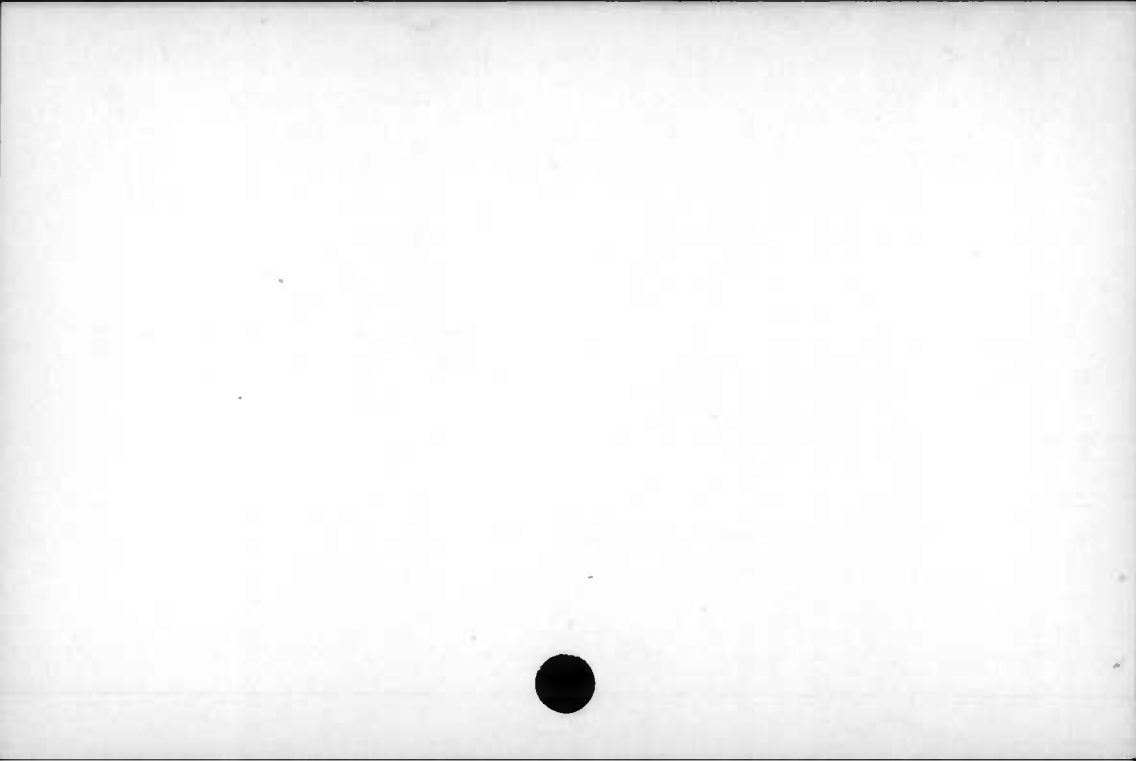
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month June	Day 24	Age 16	Years 3	Months 1	Days
Sex	Female		Color or Race	Black		Birth- place	Cambridge
Occupation	School Girl		Where Residing if not at place of death		Cambridge		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Isiah Jackson				Father's Birthplace	Cambridge	
Mother's Maiden Name	Amelia Wheatley				Mother's Birthplace	Cambridge	
Name of person giving In formation	Isiah Jackson				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epileptic Insult (61)	How long	all of life
Immediate	Spinal Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y/m		Guy Stute Esq.	
		Address Cambridge Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

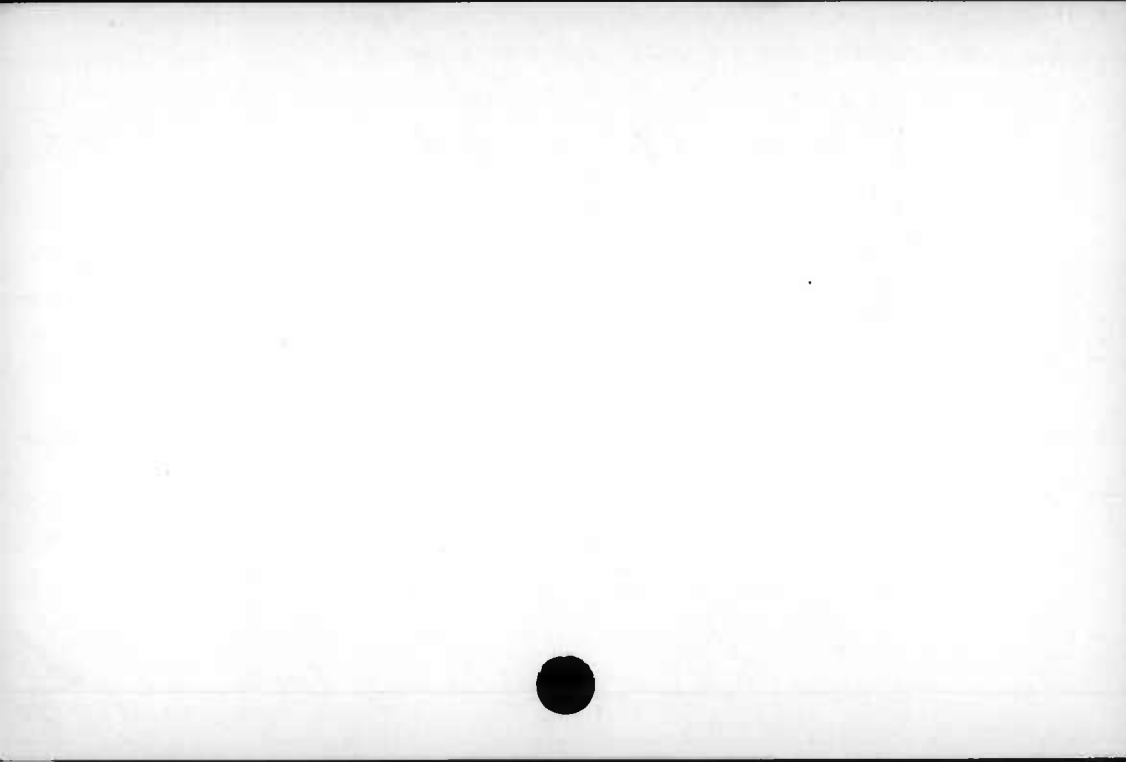
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Minor Husband					
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

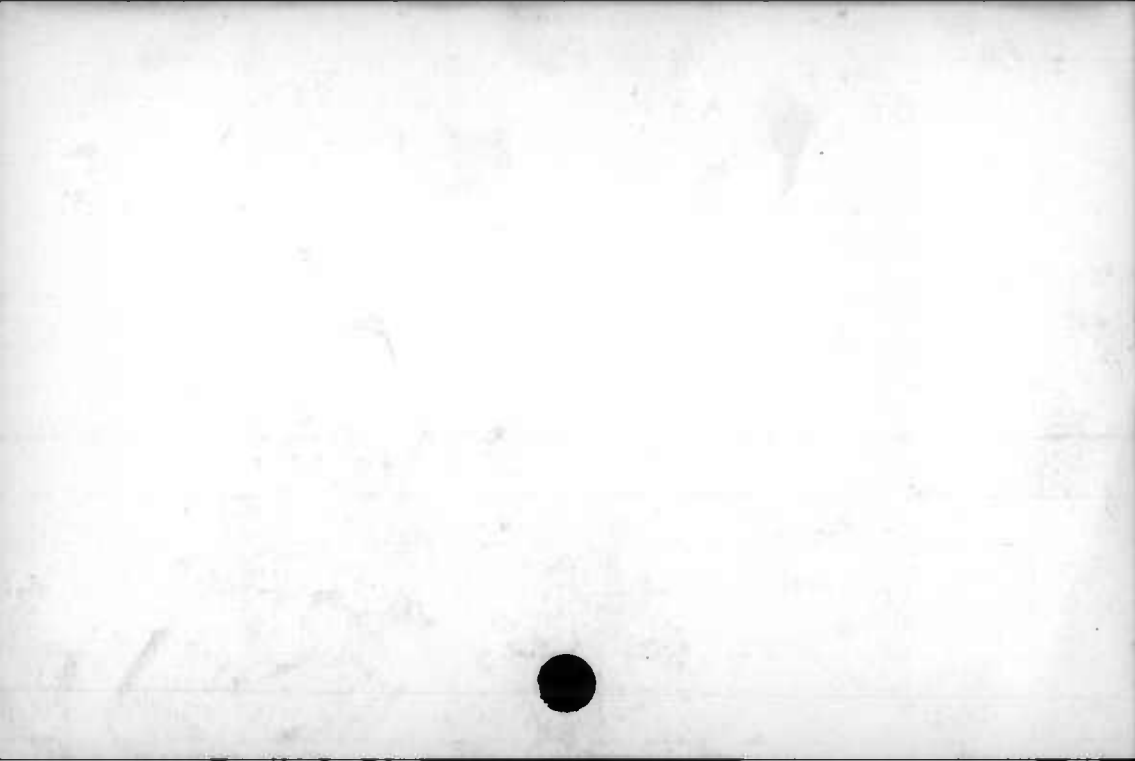
Name in Full <i>Sarah Eliza Jennifer</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Taylor's Island</i>		Month <i>June</i>		Day <i>19</i>		Years <i>44</i>	
Date of death <i>1907</i>		Months —		Days —			
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Steven S Jennifer</i>					
Father's Name <i>Solomon Cornish</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Dinah Ross</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Steven S Jennifer</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis - 1 yr</i>		How long <i>1 yr</i>	
Immediate <i>Cardiac Failure</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. K. Shriver Jr</i>	
		Address <i>Taylor's Island Md.</i>	
Accident or Suicide? —			



Name  
in  
Full

Eliza Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge <sup>Town</sup> Rochester <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> June <sup>Day</sup> 21 Age About 48 <sup>Years</sup> Months Days

Sex Female Color or Race Colored Birthplace Rochester Co

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Robert Johnson

Father's Name John Lee Father's Birthplace Rochester Co

Mother's Maiden Name Eliza Parrish Mother's Birthplace Rochester Co

Name of person giving Information Robert Johnson How related to deceased Husband

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary Nephritis & General Debility How long Several months

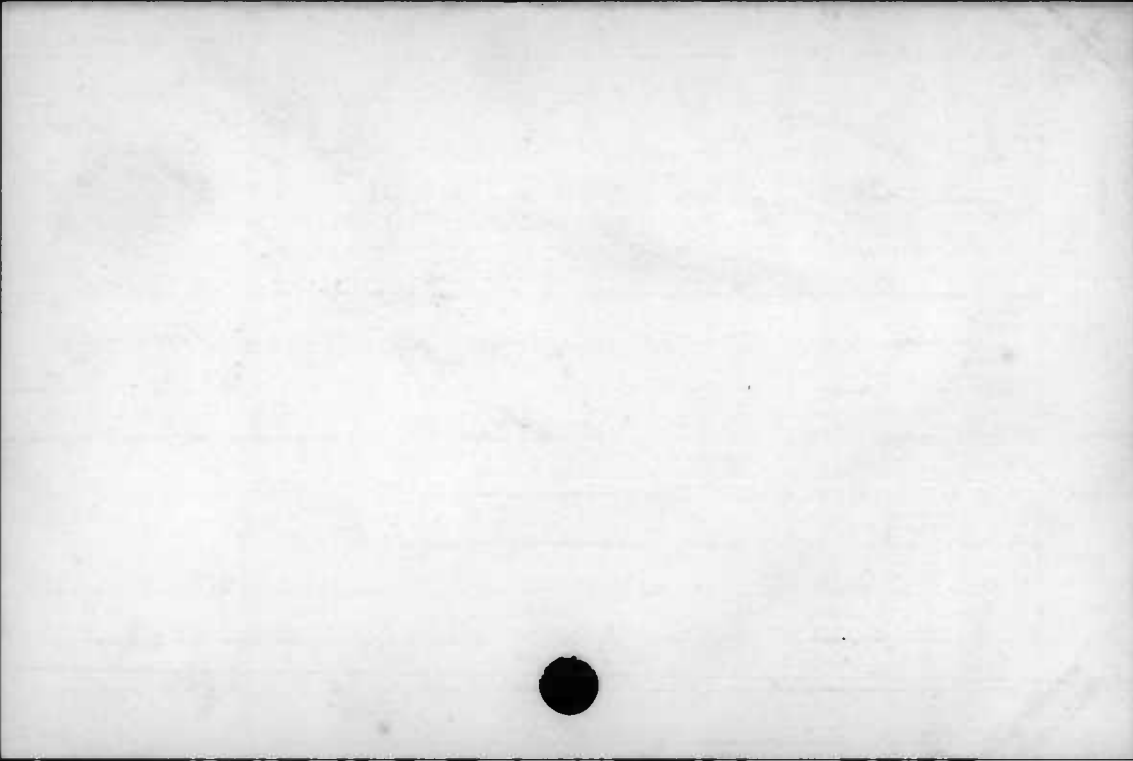
Immediate Aschemia How long Several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dexter L. Reynolds

Address Cambridge Md

Accident or Suicide?



Name  
in  
Full

E. C. Maning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

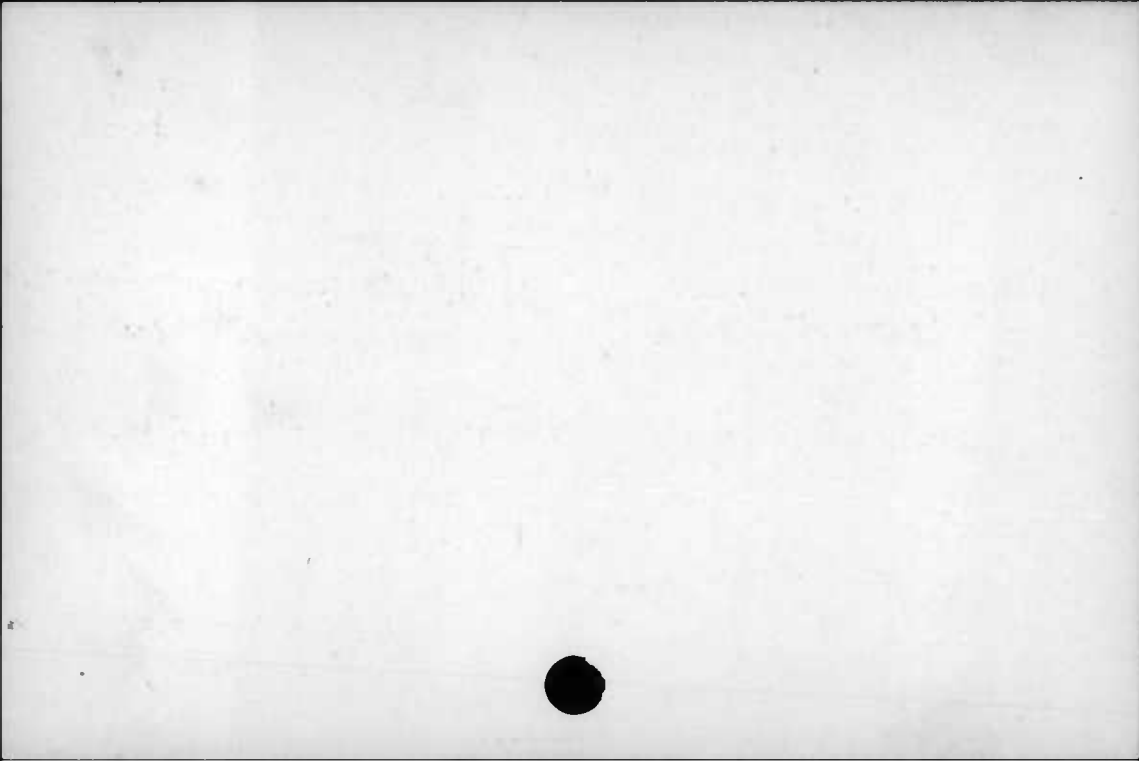
MARYLAND

Died at <u>Salem</u> Town		<u>Orcheston</u> County			
Date of death	1907	Month	June	Day	21st
				Years	30
Sex	Male	Color or Race	white	Birth-place	Don't know
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
			Don't know		
Father's Name	Geo. H. Maning		Father's Birthplace		
			Don't know		
Mother's Maiden Name	Mills		Mother's Birthplace		
			Don't know		
Name of person giving information	R. J. Price		How related to deceased		
			Not at all		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Don't know</u>
Immediate	<u>Don't know</u>	How long	<u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>R. J. Price</u>
		Address	<u>Vienna, Md.</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

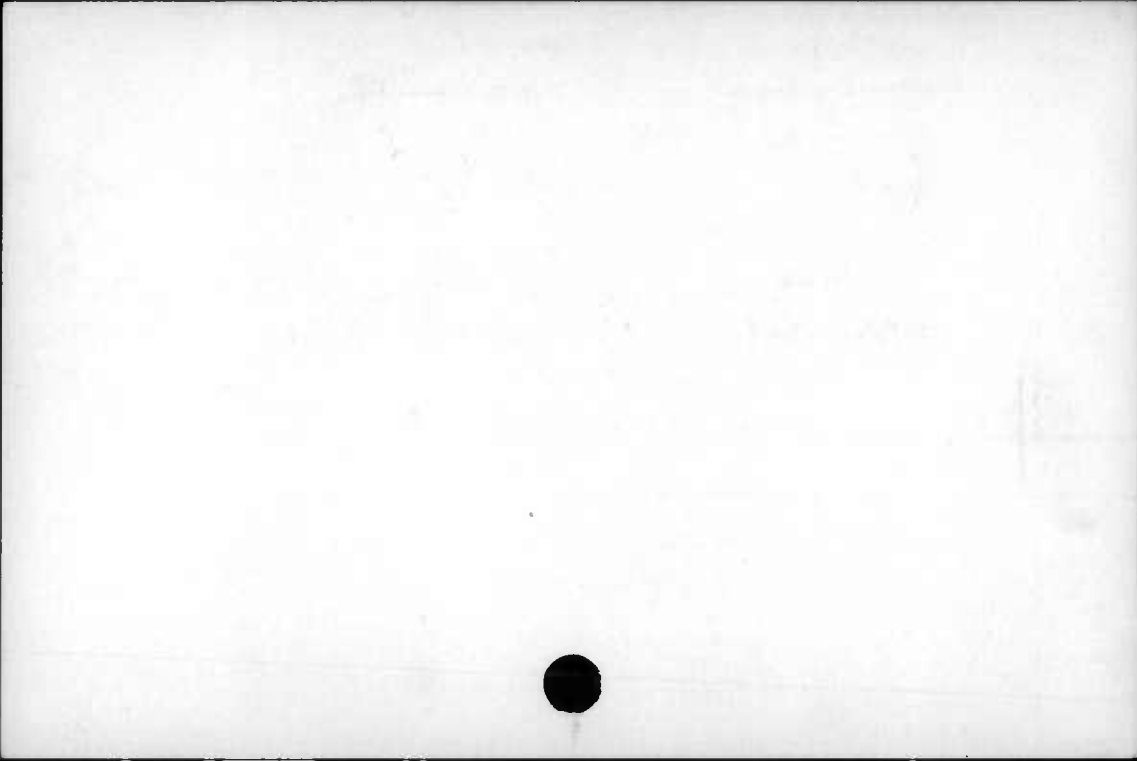
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>28</i>	Age <i>5</i> Years	<i>3</i> Months <i>3</i> Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cambridge</i>		
Occupation			Where Residing if not at place of death <i>Cambridge</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles H. Pritchett</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Earnie E. Fisher</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Charles H. Pritchett</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteritis</i>	<i>(105)</i>	How long <i>diff. as enteritis</i>
Immediate <i>convulsions</i>		How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Charles H. Hanley</i>
		Address
Accident or Suicide?		





Name  
in  
Full

Josiah F. Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

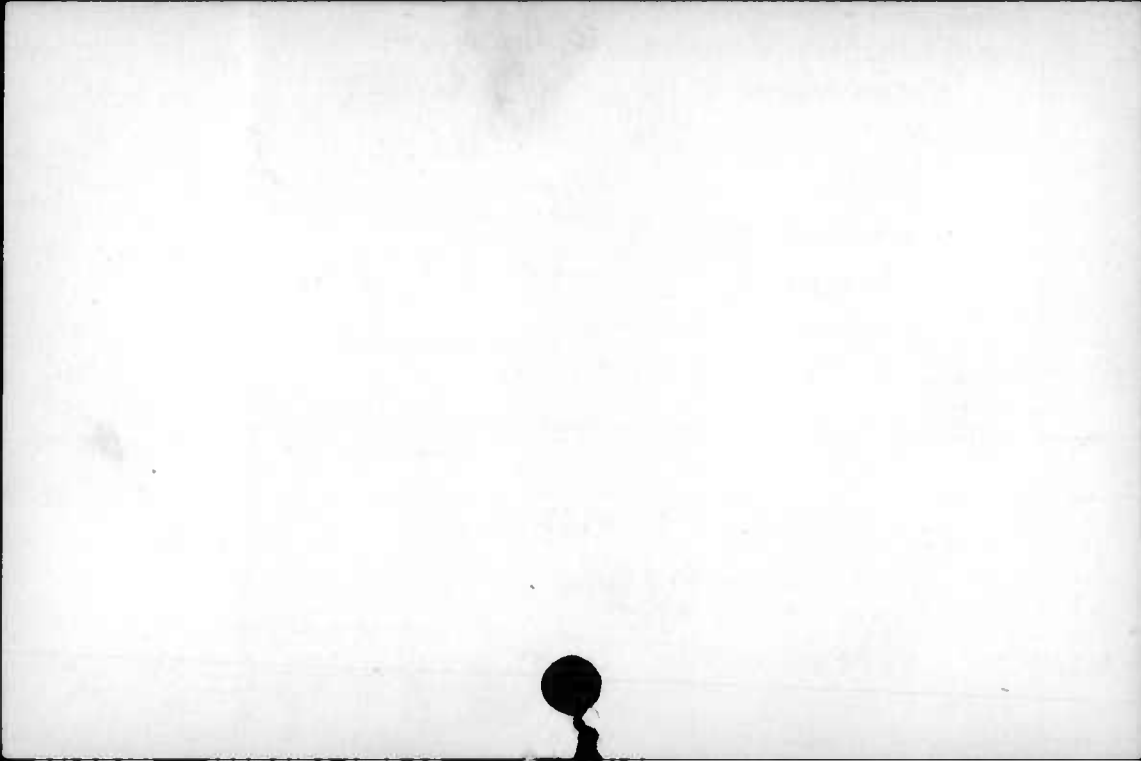
Died at <sup>Town</sup> Cambridge		<sup>County</sup> Wicheston		MARYLAND	
Date of death 1908	Month Jun	Day 20	Age 76 -	Months	Days 2
Sex Male	Color or Race white	Birth-place Dr. Co. Md.			
Occupation Ship Worker	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Eliza A. Marshall				
Father's Name Josiah Robinson	Father's Birthplace Dr. Co. Md.				
Mother's Maiden Name Rachael	Mother's Birthplace Dr. Co. Md.				
Name of person giving information Tom Robinson	How related to deceased Son				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary Valvular heart disease	How long many years
Immediate Indigestion acute heart failure	How long 1 day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Wm. Stuck
	Address Cambridge Md.
Accident or Suicide? Willing	



Name  
in  
Full

Mary Seymour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Antirrh</u> <small>Town</small>		<u>Onek</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>Age</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>27</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Dr. Conn</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Albert Seymour</u>		Father's Birthplace <u>Dr. Conn</u>			
Mother's Maiden Name <u>Luric Hanson</u>		Mother's Birthplace <u>Dr. Co. Md</u>			
Name of person giving information <u>Luric Seymour</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Enteritis</u>	<u>105</u>	How long <u>2 days</u>
Immediate <u>Exhaustion</u>		How long <u>—</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

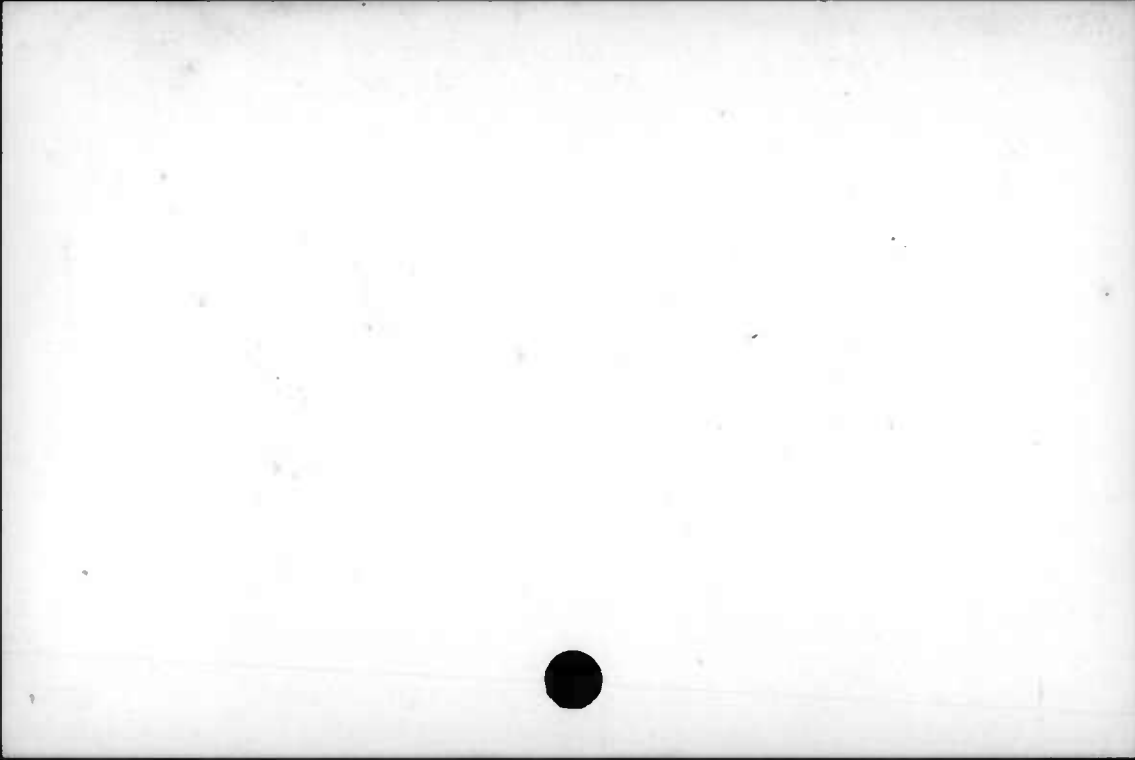
Signature of Physician

Address

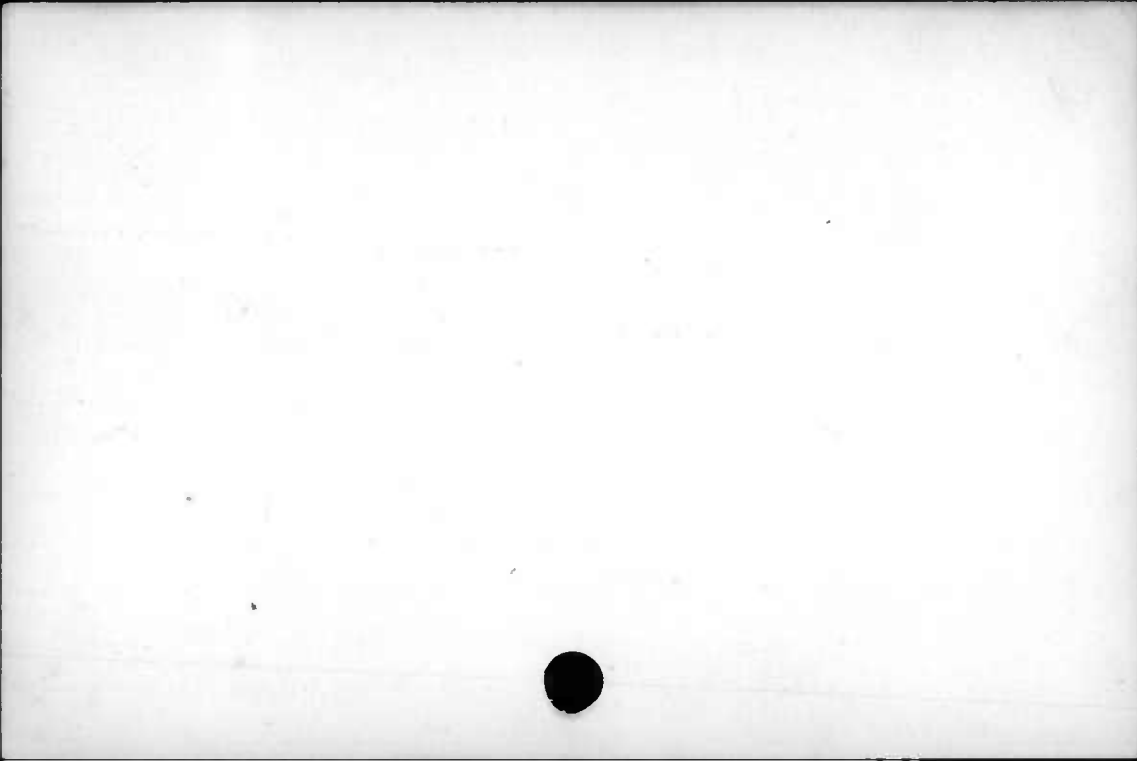
Guy SteeleCambridge Md.

Accident or Suicide?

No physician in attendance investigation after death



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>P.O. Cambridge</i>		County <i>Wichman</i>		MARYLAND
	Date of death <i>1907</i>	Month <i>June</i>	Day <i>8</i>	Age <i>70 -</i>	Months <i>6</i> Days <i>4</i>
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>W. Co. Md.</i>	
	Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Secretary Md.</i>			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John S. Spencer</i>			
	Father's Name <i>Francis J. Henry</i>	Father's Birthplace <i>W. Co. Md.</i>			
	Mother's Maiden Name <i>Wilhelmina E. Goldsmith</i>	Mother's Birthplace <i>W. Co. Md.</i>			
Name of person giving information <i>J. Kelly Spencer</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Chronic Porphyria Nephritis</i>		How long <i>since years</i>		
	Immediate <i>Edema from continued haematuria</i>		How long <i>2 months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. Steel</i>		
			Address <i>Cambridge Md.</i>		
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Stewart

Town

Cambridge

County

Dorchester

MARYLAND

Died at

Date

of death 1907 June

Month

Day

15th

Years

Age

51

Months

Days

2

Sex

Female

Color or  
Race

Colored

Birth-  
place

Dorchester Co

Occupation

House wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Holland Stewart

Father's  
Name

Stephen Pinders

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Robert Stewart

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

Several mos

Immediate

Cardiac Insufficiency

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Walter P. Reynolds MD

Address

Cambridge, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haw Keye</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>4</i>	Age <i>65</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Dorchester Co.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Fannie Binder</i>			
Father's Name <i>J W Thomas</i>			Father's Birthplace <i>Dor County</i>		
Mother's Maiden Name <i>Amber</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>John W Thomas</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute Regurgitation</i>	How long <i>dont know</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Jones</i>
	Address <i>E. H. market</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

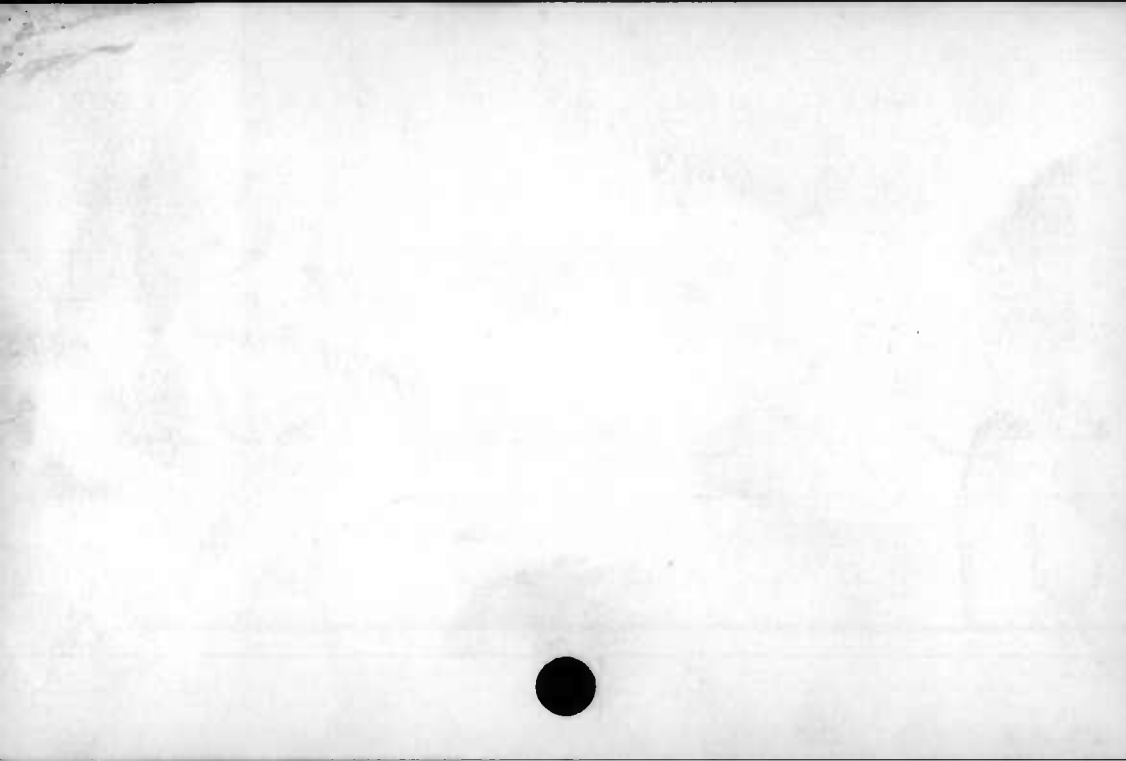
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month June	Day 21 <sup>st</sup>	Years 28	Months 3	Days ?	
Sex	Male		Color or Race	Coloredo		Birth- place	Crapo Md
Occupation	Laborer (General)			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robt B. Travers					Father's Birthplace	Dorchester Co
Mother's Maiden Name	Catherine Isreal					Mother's Birthplace	Dorchester Co
Name of person giving In formation	Robert Travers Jr					How related to deceased	Brother

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Acute Military Tuberculosis		How long	3 weeks
Immediate	Acute Congestion of Lungs		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Cambridge, Md.	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

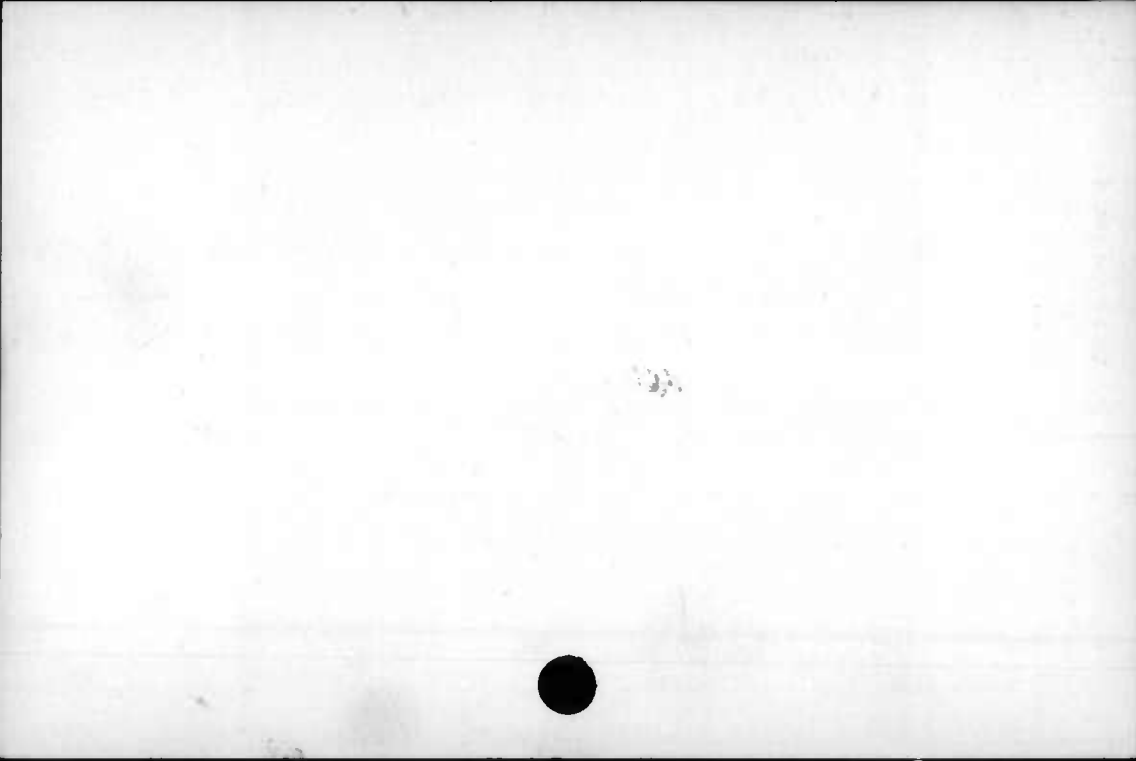
Name in Full <i>John P. Tyler</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>25</i>		Years <i>26</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Waiter</i>		Where Residing if not at place of death <i>Cambridge Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John H. Tyler</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mattie J. McBlair</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Edward M. Tyler</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis with Peritonitis</i>	How long <i>5 days</i>
Immediate <i>Intestinal obstruction</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Stahl</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i>Neither</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge		Town Rochester		County MARYLAND	
Date of death 1907		Month June		Day 9th	
Sex Male		Color or Race Colored		Age 6	
Occupation None		Birth- place Rochester, Co		Months 2	
Where Residing if not at place of death		Days 10			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Harry Jackson		Father's Birthplace Rochester, Co			
Mother's Maiden Name Edith Ward		Mother's Birthplace Rochester, Co			
Name of person giving In formation Edith Ward		How related to deceased Mother			

## CAUSES OF DEATH

Primary	Typhoid Fever	How long Three weeks
Immediate	Aspirin	How long Several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Walter T. Reynolds M.D.
		Address Cambridge Md
Accident or Suicide?		

